

FORM NO. 1. MARGIN RESERVED FOR BINDING.  
 WHEN FILLING, WRITE NEATLY IN INK—THIS IS A PERMANENT RECORD.  
 PRINTED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C.

McCaw of Columbia

(1) PLACE OF BIRTH  
 County of Horry  
 Township of Bucks  
 or  
 Inc. Town of ..... Registration District No. 2501 Registered No. 108  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
90331

(2) Full Name of Child ..... } If child is not yet named, make supplemental report as directed

|                                                                          |                                                                                                     |                                         |                                                               |                                                                                      |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|
| (3) BOY OR GIRL? <u>Boy</u>                                              | (4) Twin or Triplet? <u>1 1</u><br><small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>1 1</u> | (6) Are Parents Married? <u>Yes</u>                           | (7) DATE OF BIRTH <u>Dec. 7, 1916</u><br><small>(Name of Month) (Day) (Year)</small> |
| <b>FATHER.</b>                                                           |                                                                                                     | <b>MOTHER.</b>                          |                                                               |                                                                                      |
| (8) FULL NAME <u>Walker Hughes</u>                                       | (14) NAME BEFORE MARRIAGE <u>Helen Hendricks</u>                                                    |                                         |                                                               |                                                                                      |
| (9) PRESENT POSTOFFICE OF FATHER <u>Furney, S.C.</u>                     | (15) PRESENT POSTOFFICE OF MOTHER <u>Furney, S.C.</u>                                               |                                         |                                                               |                                                                                      |
| (10) COLOR OR RACE <u>White</u>                                          | (11) AGE AT LAST BIRTHDAY <u>30</u><br><small>(Years)</small>                                       | (16) COLOR OR RACE <u>White</u>         | (17) AGE AT LAST BIRTHDAY <u>28</u><br><small>(Years)</small> |                                                                                      |
| (12) BIRTHPLACE <u>Sea Conway, S.C.</u>                                  | (18) BIRTHPLACE <u>Sea Conway, S.C.</u>                                                             |                                         |                                                               |                                                                                      |
| (13) OCCUPATION <u>Farming</u>                                           | (19) OCCUPATION <u>Housewife</u>                                                                    |                                         |                                                               |                                                                                      |
| (20) Number of children born to mother, including present birth <u>8</u> | (21) Number of children of this mother now living, including present birth <u>8</u>                 |                                         |                                                               |                                                                                      |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 12 45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Sorenson

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ....., 191.....  
 ....., 191.....  
 Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 13 1916 (28) S. F. Bourne  
 Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.